

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT

10/5/84/21

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.							TOTAL DEP.						
TOTAL DEP.			↓	↓	↓		TOTAL DEP.			↓	↓		
TOTAL CLAIMS			←	←	←		TOTAL CLAIMS			←	←		
			18							18			
			19							19			

BEST AVAILABLE COPY